

**APPLICATION FOR LEAVE**

1. OFFICE/AGENCY UNIVERSITY OF RIZAL SYSTEM  _____ (Campus)	2. NAME (Last) (First) (Middle)  _____
3. DATE OF FILING  _____	4. POSITION 5. MONTHLY SALARY  _____
6. a) TYPE OF LEAVE: <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (Specify) _____	6. b) WHERE LEAVE WILL BE SPENT: 1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____  2. IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital _____ <input type="checkbox"/> Outpatient (Specify) _____
6. c) NUMBER OF WORKING DAYS APPLIED FOR  _____  INCLUSIVE DATES _____  _____	6. d) COMMUTATION: <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  _____ (Applicant's Signature Over Printed Name)

**DETAILS OF ACTION ON APPLICATION**

7. a) CERTIFICATION OF LEAVE CREDITS  As of _____  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">VACATION</th> <th style="width:25%;">SICK</th> <th style="width:25%;">SERVICE CREDITS</th> <th style="width:25%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> _____ Campus HRMO	VACATION	SICK	SERVICE CREDITS	TOTAL													7. b) RECOMMENDATION:  <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____  _____  _____ Authorized Official (Signature Over Printed Name)
VACATION	SICK	SERVICE CREDITS	TOTAL														

7. c) APPROVED FOR:

\_\_\_\_\_ days with pay  
 \_\_\_\_\_ days without pay  
 \_\_\_\_\_ others (specify)

7. d) DISAPPROVED DUE TO:

\_\_\_\_\_

**Dr. Nancy T. Pascual Ed.D**  
 Vice-President for Administration and Finance

Date: \_\_\_\_\_

(Please see instructions at the back)

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## **INSTRUCTIONS**

1. Application for vacation or sick leave for one (1) full day or more shall be made on this form to be accomplished at least in duplicate.
2. Application for vacation leave shall be filed in advance or whenever possible five (5) days before going on such leave.
3. Application for sick leave filed in advance exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant.
4. An employee who is absent without leave (AWOL) shall not be entitled to receive his salary corresponding to the period of his unauthorized leave of absence.
5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property responsibilities.

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